

City of Bloomington ADA Complaint Form

Complainant _____

Person preparing complaint (if different from Complainant) _____

Relationship to Complainant (if different from Complainant) _____

Street Address & Apt. No. _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Please provide a complete description of the specific complaint:

Please specify any location(s) related to the complaint, if applicable:

Please state what you think should be done to resolve the complaint:

Please attach additional pages as needed.

🍏 Please do not contact me personally.

Signature _____ Date _____

Return to City of Bloomington Legal Department, ADA Compliance Officer, 401 N. Morton St. Suite 220, Bloomington, IN 47404, or fax to 812-349-3441, or e-mail to human.rights@bloomington.in.gov.

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA Compliance Officer at the address listed above or via telephone 812-349-3429; TTY 812-349-3458.